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Healthy Communities: What They Are, How They're Made

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1. Introduction

There is a great deal of interest in the concept of healthy communities, particularly among health care professionals, community planners and citizens active in community issues. Conferences have been held, newsletters published and information sharing networks established. A number of communities are now gearing up to undertake healthy community projects. Two fundamental questions face all people in the field:

- What do we mean by healthy community?
- How can we help create healthy communities?

This paper reviews the recent history of answers to these questions and provides the authors' own answers.

2. Evolution of the Idea of Healthy Community Projects

2.1 The Changing Notion of Health

It is not surprising that many commentators, such as Pederson (1988), find the confusion surrounding the concept of health and healthy community to be evidence that the health field is conceptually underdeveloped. Our interpretation is different. We see *evolution* rather than confusion in the concept of health. The notion of health has been steadily widening over the last few decades. From a focus on the mere absence of disease that notion now includes the capability of a *human* system (an individual, or a community) to define and create its own relationship to the environment.

Toward a "New Perspective." The roots of current Canadian interest in the concept of the healthy community can be traced back to a 1974 federal government report entitled *A New Perspective on the Health of Canadians* (Lalonde, 1974). It urged health practitioners and lay persons alike to recognize that client (patient) centred health care solutions based on the medical model do not address ongoing health issues and that a new perspective on health was necessary. It suggested that health is related to wellness and proposed the "health field concept" as a useful way of thinking about the determinants of health. It identified these determinants as: human biology; environment; lifestyle; and health care organizations. The

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significance of the health field concept is that two of its determinants, environment and lifestyle, are outside the traditional sphere of influence of medicine.

The 1974 Lalonde report signified the beginning of a paradigm shift in health care away from the traditional medical model to a more holistic system-environment perspective. The underlying notion is that it is more appropriate to look at root causes of disease than symptoms.

Two Problems. Significant as it was, Lalonde's health field concept proved inadequate for guiding action of the type now found in healthy communities projects. Efforts to operationalize the concept were limited to wellness campaigns: "Participaction" media ads, for example, emphasized lifestyle changes.

Two problems with this approach developed. First, health was still seen in primarily biological terms. The system environment relationship could apply to any type of organism: pet-care classes could have fit well under the concept. Nothing in the concept indicated that human beings are unique systems, that we are organisms capable of communicating, forming intentions, and moralizing. The "Participaction" campaign approached humans in the tradition of Madison Avenue behaviouralism: show happiness as a reward of exercise often enough, and we'll all be off and running. Human health was still an object to be externally protected, but now, in addition to doctors, health-oriented advertisers and more efficient, integrated, prevention-oriented health agencies would help provide that protection.

Second, the biological orientation of the health field approach was focused on individuals. "It's up to *you* to make yourself healthy." While the personal responsibility emphasis was a necessary change, this new emphasis overlooked the fact that humans live in, are shaped by, and in turn shape their social and physical environment.

The human mind is a product and a producer of its social environment, and this environment is more than television images of smokers or joggers. It includes, to varying degrees, winners and losers, unemployment, housing anxiety, neighbourhood identity, community powerlessness, social irresponsibility, cooperative structures, selfish automobile driving habits, government policies which affect all of these, and so on. The social environment provides opportunities for the mind and body, sets limits to what they can do, and, significantly, is itself a social creation.

Because it neglected the social quality of the environment, Lalonde's health field concept failed to address all root causes of disease. It failed to be truly holistic. What is the likely impact of a fitness campaign on the health of an isolated single mother trying to raise children on mean-spirited, often humiliating, public assistance? The mother whose nerves are shot from the coffee she drinks to keep going, from the cigarettes advertisers have encouraged her to smoke, and from the tranquilizers she finds solace in? What is the likely impact on a family that loses its house because the father was laid off again, on a child who is told to stop thinking and stick to skill acquisition, or on a person who breathes freeway air created by *other people*?

In view of its individualistic biological assumptions, it is not surprising that the health field concept replaced the health professionals' monopoly over health care with a wider consortium of individual-oriented professionals rather than community control.

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Poverty and Health. The problems created by a non-human, non-social concept of health became more apparent with the publication and the acknowledgement of reports documenting differences in health status among social classes. The *Black Report* (Townsend and Davidson, 1982) in the UK drew attention to material deprivation as a key determinant of poor health along with biological, cultural and lifestyle factors. Similarly, in Canada, the *Active Health Report* drew attention to blatant inequalities in health status that exist across socio-economic groups despite the availability of universal medicare. It found that "those who report poor health are more likely to be poorer, less well educated or unemployed." (Health and Welfare Canada, 1986: 39). While these reports are not startling in their findings (there have been prior such "discoveries" since the industrial revolution began), their significance is that they were released at a time when people were thinking about the meaning of health.

Not only could health now be seen as a social issue, but fundamental social problems such as poverty could be seen as health issues. The implications cut both ways. On the one hand, health professionals had to be concerned with social issues. For years, enlightened health professionals had been interested in the relationship between crowded housing and tuberculosis, but now the social conditions which create the poor housing could legitimately come within their purview. On the other hand, social agencies had to start thinking of their work in health terms. The broad view of what constitutes and determines health was condensed in the slogan "healthy public policy," a slogan which emerged at a 1984 conference titled "Beyond Health Care" held in Toronto to review the ten-year period since the Lalonde report.

Still, seeing health as a social issue does not necessarily mean that one stops seeing it technocratically, that is, as a condition which professionals must protect and create. It has only been in the last few years that mainstream health agencies (as opposed to philosophers such as Ivan Illich) have started conceptualizing health not only as a social condition but also as a social action project.

Defining Health. In 1984, the World Health Organization (WHO) proposed a definition of health (see box at centre of page) which extended the concept beyond that of a healthy relationship between a system and its environment to a uniquely *human* concept of health.

> ***Health is defined as the extent to which an individual or group is able, on one hand, to realize aspirations and satisfy needs; and, on the other hand, to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, a dimension of our "quality of life," and not the object of living; it is a positive concept emphasizing social and personal resources, as well as physical capabilities.***
>
> *-- World Health Organization, 1986*

At first glance, this definition seems to distinguish health from development: health is seen as the capacity to act, since development is usually understood as the goal of action. Yet the capacity to act itself has to be developed, and health could equally be seen as the goal of development. In short, the WHO definition cannot be usefully looked at to distinguish ends and means. What the definition can do is help us focus on *process*. Under the WHO definition, a healthy community, like a healthy person or nation, would seem to be one capable of continuously developing itself. More precisely, it would be a community which is able to work toward goals while managing its inevitable internal conflict, change and complexity.

Health as a Concept. In summary, the recent history of the concept of health seems to be this. In the 1970s health professionals in international, national and local agencies began to expand their definition of health. Eventually, they came to see the health of the whole person in all dimensions as the proper goal of health professionals and agencies. Simultaneously, attention on the factors which produce health broadened to include the total human environment in all its social and physical aspects. Then the identity and nature of

health agencies came under increasing scrutiny: if the whole person in the total environment was to be the object of health agencies, then such agencies had to broaden their mandate, or all agencies (police, recreation, transportation, housing, etc.) had to be seen as being in the health business. (See, for example: Milio, 1987; Pederson, 1988.) Finally, a general disaffection with top-down technocratic planning and treatment in all fields inevitably led to the notion that broadly defined health planning had to take place at the local level, that is, through some combination of local government (especially municipalities), non-governmental organizations (such as service clubs), and ad-hoc community committees. (See, for example, Hancock and Duhl, 1986.)

Gradually, from the convergence of the four trends -- broadening of ideas of what constitutes individual health, of environmental factors affecting health, of agencies responsible for health, and of the role of people in planning for their own health -- came the idea of stimulating "healthy community projects."

2.2 Conceptualization of "Healthy Community Projects"

A broadened understanding of health, its determinants, and those responsible for it demanded the development of strategic concepts. If the new conception of health required a participatory approach to health planning, then government action would have to be augmented by local action. Accordingly, the World Health Organization (WHO) launched, in 1985, its five year *Healthy Cities* project in Europe. This was a vehicle to work toward the targets it had set for itself in 1977 when it adopted a global health promotion strategy called *Health for All by the Year 2000.* Action by cities promised to be more locally relevant, motivating, coordinated, innovative and adaptive than reliance on national level bureaucracies.

In Canada, the 1986 Health and Welfare publication *Achieving Health for All* replaced the 1974 individualistic, biology-oriented health field concept with a *health promotion* framework consisting of three social action strategies:

- **fostering public participation** in processes and decisions which affect health;
- **strengthening community health services** by improving links between services and the communities they serve, particularly the disadvantaged;
- **coordinating healthy public policy** so that professionals in all public policy areas become aware of their interest in and responsibility toward health in their communities (Epp 1986: 10-11).

While the third strategy focuses on professionals, the first two recognize that health is social and must be socially created. It is but a short step from this recognition to the coining of the term, "healthy communities."

In 1988 the Canadian Institute of Planners, the Canadian Public Health Association and the Federation of Canadian Municipalities initiated an effort similar to the European *Healthy Cities* project called the *Canadian Healthy Communities Project.* Health and Welfare Canada is providing funding for three years. The Project encourages joint action by health professionals, planners and politicians at the local level to improve municipal public policy.

Some Canadian cities, such as Toronto, have established healthy *city* projects, using the terminology of WHO. But wider support has developed for projects bearing the title healthy *communities.*

The shift in terminology from healthy cities to healthy communities reflects several considerations. First, the latter term avoids the exclusivity of the former: towns, villages and rural municipalities are as interested in holistically addressing their health and social problems as are cities.

The shift also reflects a change in focus from health/social planning by individual governments at whatever level to planning by all members of a community. People who take the changing conception of health seriously see in community the potential to deal with health democratically. It is not a matter of a community participating in technocratically guided national or municipal planning, but of *whole* communities planning for themselves.

Most importantly of all, although only for some at this stage, the shift in terminology to healthy communities reflects a broadened conception of health in which community, as discussed below, connotes much more than "local." It indicates social interaction and non-isolation (necessities for mental health), and cooperative mutual aid (necessities for meeting physical needs in times of fiscal crisis). In this conception, community is simultaneously the goal and the agent of health planning: feelings of community are to be built by people acting as a community.

2.3 Diverse Applications of the Healthy Community Concept

The idea of fostering projects to build healthy communities has had instant and wide appeal. Unfortunately, little of the appeal lies in the potential power of the term healthy communities for stimulating holistic, significant planning by the community for the community. Most of the appeal lies in the positive but diffuse connotations, in the fuzziness, of the terms *health* and *community*.

Diffuse connotations are different than connotations of holism. For a term to imply holism it must be clear and focused on the integrity of a system. In much of the writing and discussion of healthy communities, however, there is no focus at all. Healthy becomes a synonym for good and community a synonym for place. A healthy community project can then be as narrow or broad as suits the interests of the project proponents at any particular time. ("We have to get involved in these projects, sir; after all, we are the Department of Health." "You're the community; it's up to you to decide what a healthy community is.") Also, the community can be a big or small place, and community action can mean activity by local governments, local professionals, agencies, non-governmental organizations, or citizen groups.

Under the rubric of healthy community projects, people have substantively promoted, *inter alia*, healthy eating, ending smoking, house heating improvement, AIDS prevention, pollution abatement (Allen, 1988), road paving, snow clearing, eliminating styrofoam cups (Berlin, 1989), botanical garden management, youth recreation programs, recycling, vandalism prevention, housing for the aged, walking and bicycle paths (Lacombe and Poirier, 1989), street lighting, cross-walks, and after-school care (Goldblatt, 1989). Procedurally, healthy community projects have included staff health education programs, community mapping, social indicators, community consultation, advertising, newsletters, community committees, inter-agency task groups, citizens advisory groups, departmental health impact statements, community development, workshops, symposiums, broadening of official community plans explicitly to address health, and development of healthy city plans.

The range of healthy community projects reflects the wide variety of definitions attached to the term healthy communities. Some agencies and individuals take the term to mean communities which ensure the health of individuals. Individual health is defined physically, mentally or socially as the absence of disease *and* the capacity to act. Others take the term to refer to communities which are functioning well -- in terms of relations with the environment, resource utilization, social interaction, economic efficiency, economic fairness, "quality-of-life," culture, transportation, and public involvement in planning. (Hancock and Duhl, 1986). When others say healthy communities, they mean municipal governments in which departments are well organized and coordinated. Still others mean the object of health-conscious government policy (however health is defined). Finally, some assume various combinations of these definitions (Berlin, 1989). Healthy communities means quite different things to different people and has permitted under its name a great diversity of activity.

The seductive beauty and the treachery of the term healthy communities is that, on the one hand, the term seems as though it should be clear and, on the other, that one can assign a definition and either assume others hold the same definition or let them think they do. In this sense, the term is similar to community economic development, or sustainable development. Like those terms, healthy communities evokes a vision and a call to action to address serious problems, for who could be against projects to create healthy communities?

What is surprising is that people will put money, energy, and commitment into ill-defined healthy

communities projects but they would laugh at the idea of defining and supporting "good things projects." What is worrying for those who see potential in the concept of healthy community projects for achieving something specific and perhaps even significant is that other people will soon weary of the frustrations that usually accompany ill-defined projects. They worry that those not acquainted with the evolution of the term health, from dependence to independence, from individual to social, from biological to human, and from technocracy to self-government, will reject the term as vague or trite.

3. Possible Responses to the Confusion Over What Constitutes a Healthy Community Project

There are several responses to the current confusion over the term healthy communities. One is to assume that the term inherently means nothing or, what amounts to the same thing, that it can mean anything and to posit a definition which suits some purpose. This *narrow-minded* approach might work for a few people in one agency, but it is not practical for inter-agency work or for involvement with the public. There are so many connotations to the terms health and communities that inter-agency or community meetings will continually struggle with competing self-serving definitions.

A second response to the confusion is to accept that the term can mean various things to various people and to simply use it as a password for endorsing good projects of any kind, that is, to regard the confusion as a strong point of the term. This is the approach taken by some healthy community proponents such as Berlin. While this *open-ended* approach may initiate some good projects on the basis of the excitement the various connotations healthy communities engender, the approach will probably lead to the demise of the term because of poor communication, frustration and a suspicion that such projects are simply another name for what good governments and concerned citizens have been doing all along. Mathur (1989) already reports that many professional planners are confused with the term.

A third response to the confusion surrounding healthy communities is for us all to look carefully at the evolution of the term and to understand the social needs which are to be met by changing the definition of health and by proposing healthy community projects. The advantage of this *mutually educative* approach is that it encourages careful thought about the central, unique nature of human communities and about the action implications for government, agencies and interest groups. The *mutually educative* response stimulates us and provides us with a reason and opportunity to take new perspectives to our work as bureaucrats and citizens, to think about new goals and to consider radically new strategies in our planning. It also provides an opportunity to support projects which involve action to stimulate self-reinforcing processes and institutions for building healthy communities.

It is the "mutually educative approach" which should be followed. As a contribution to that mutual education, the following sections offer a definition of healthy community and explore the implications for planning healthy community projects.

4. Defining Healthy Community

There are many definitions of community. Most loosely, a community is defined as a collection of people who have something in common. Most narrowly, it is defined as a group of people tied together by love and personal knowledge. The narrowest definition limits size. Most people who think in terms of this definition think in terms of groups of less than 1,000 people. The narrowest definition also implies that it is redundant to talk of healthy community -- no social health, no community.

For the purposes of a mutually educative healthy community movement, the term community is most usefully defined neutrally so as to distinguish healthy from unhealthy communities. It should also be defined so as to encourage collective action toward health. The two definitions of community which have been implicitly adopted by promoters of actual healthy community projects both meet these criteria, but only one meets an important third criterion. This third criterion is that the definition be useful in

distinguishing healthy community projects from other community activities.

4.1 The Community-as-Focus-of-Activity Approach

The first definition of community implicitly adopted by healthy community projects sees community as the territorial *focus*, not necessarily delineated by political or administrative boundaries, of a group of people committed to working together to improve people's broadly defined health. For example, an environmental action group may consider a recycling project as a healthy community project, the community being those people who will be encouraged to recycle waste. It is the health of the larger community rather than of the action group or its members which is of concern. Under this definition, any community activity may be considered a healthy community project. It could be a Boy Scout troop, a block party, a baby-sitting co-op, or an anti-smoking campaign. Indeed, such activities do contribute to community health. Still, they are not new, and they did not require the healthy communities concept or movement to get going.

4.2 The Community-as-Collective-Agency Approach

The second definition of community implicitly adopted by healthy community projects sees community not as the focus of action but as the *agent* of action. Emphasis is on the relationships among the present and potential community organizations which can, should or could effect change to increase personal health. Local governments, such as municipal corporations, school boards and health boards, are seen as among the most important of such organizations. Others are local branches of senior government departments, non-profit agencies, and neighbourhood groups. Because local governments are considered particularly effective, community tends to become defined as the people and institutions within a commonly recognized local government area. Under this definition, municipal boundaries delineate communities. In some cases, the community is considered to be the people and the institutions within one municipal area, while in other cases the community is considered to comprise several (usually small) local government areas. In big cities, the community is often defined as an administrative district within the municipal area.

To us, this second definition of community is better for the purposes of a mutually educative healthy community movement. The definition not only encourages collective action, but permits us to encourage more efficient and effective action by units able to plan integrative strategies at the most local governmental levels. By focusing on the community as a collective agency, it leads us to think in terms of comprehensive planning, priority-setting, and coordinated action -- forms of community activity which would be new in practice if not in theory.

4.3 Proposed Definition for Healthy Community

On the basis of the discussions in the first section of this paper, which outlined the ways in which the conception of health has changed, and in the previous sub-section, which defined a community, we propose the following definition of a healthy community:

> a healthy community is a community in which all organizations from informal groups to governments are *working effectively together* to improve the quality of all people's lives.

This definition indicates a direction we should move in. The term healthy community is seen as an organizational ideal to be strived for. It is not an organizational ideal based on narrow values of bureaucratic order, technocratic efficiency, utilitarian majority rule, or safeguarding of special interests -- values which in the past have been the basis for community organization. The healthy community organizational ideal is based on values of self-governance, proactivity, mutual respect, and creative conflict resolution.

Our definition of healthy community is oriented to *process*. The degree of health is measured not against an absolute standard of individual well-being, that is, not against income levels, cancer rates, or air quality, but against a standard of *effort*. The community that works hardest and most cooperatively on solving problems is judged the healthiest. It is a matter of doing well with what one has that counts. Thus some

communities in which individual levels of health are low may have high levels of community health, and some communities which have high levels of individual health may have low levels of community health. Many traditional Indian bands have been more healthy as communities than some urban municipalities, even though the former had higher incidences of certain diseases. The downtown east side of Vancouver may be healthier than some of the city's richest neighbourhoods. Of course, while manifestations of externally imposed poverty or pollution, such as diseases due to malnutrition or poisoning, are not necessarily manifestations of community ill-health as defined here, many pathologies suffered by individuals, such as alcoholism and depression, often do reflect community ill-health.

5. *Implications of the Definition: Roles for Healthy Community Projects*

If a healthy community is one in which people, through their organizations, are working effectively together to improve the well-being of themselves, their neighbours and future generations, then a healthy community project is one that facilitates such cooperative work. That is to say, healthy community projects improve the ability of community organizations to work together. Healthy community projects can improve inter-organizational cooperation by promoting ongoing comprehensive planning and immediate priority setting for coordinated action.

5.1 Five Aspects of Comprehensive Planning

Comprehensive healthy community planning is understood here as having five aspects: proactivity, process-sensitivity, long-term planning, inter-community cooperation, and an action-research approach to work.

Proactivity. Improving inter-organizational cooperation by promoting proactivity involves, in the first place, encouraging organizations to become goal-seeking as individual organizations and as organizations of organizations. In a healthy community, goal-seeking organizations help community members identify their various visions for the community and *then* establish their own organizational goals in that light. In a healthy community, organizations consider their own goals in terms of other organizations' goals, they attempt to reinforce each others' efforts in working toward community goals, and turf-battles are replaced with common causes.

In a healthy community, organizations are proactive not only in setting goals but also in taking initiative to plan strategically to reach the goals (determining sequences of steps likely to reach the goals), in taking reasonable risks, and in monitoring progress. In a healthy community, organizations do not just coordinate business-as-usual in the interests of efficiency; they also work together to improve synergistically the quality of their outputs.

Proactivity cannot be achieved through a simple minded management-by-objectives (MBO) approach which sees goals being set at the top and all units below setting quantifiable objectives. MBO may be a useful approach to personnel management in the corporate world, but it does not respond adequately to community goals that are often incompatible, uncertain, changing and hard to reach. There is no bottom line in the community. Proactivity in the community requires constant attention to process.

Process-sensitivity. Process-sensitivity can be promoted by helping organizations understand that goal-oriented, strategic planning for cooperative action does not just happen. The planning itself has to be planned. Most people and most organizations spend too little time planning processes in comparison to the time they spend planning things. Many negative consequences flow from inadequate planning of the planning process itself: drifting because of inadequate attention to goals; unresolved conflict; inadequate attention to opportunities or constraints; lack of creativity in generating solutions to problems; reluctance to make decisions; lack of follow-through because of lack of commitment or support; long frustrating meetings; lack of evaluative feedback mechanisms for correcting problems as they arise; overly precipitous action; divergence between community goals and organizational goals; lack of fairness in resource allocations. These are all symptoms of community ill-health. The healthier the community, the more inter-organizational planning is itself planned.

Long-term planning. Awareness of the need for long-term planning is growing with awareness of the fiscal predicament and environmental imperatives. Still, planning by most communities takes quite a short view of action to be taken. There is a hiatus between our worries about deficits, maintenance needs, and problems to be solved and our organizational plans for action. Long-term planning by organizations, individually and collectively, can be promoted by helping them not only to think about the persistent and the new problems created by old solutions, but also to think about how to *act now* to avert new problems.

In a healthy community, organizations cooperate to reduce the causes of future personal ill-health, for example, by eliminating poverty, isolation, over-competitiveness, dioxins, CO_2 emissions, or CFC's. Organizations can cooperate to reduce these sources of future personal ill-health through such measures as planning joint facilities, plugging gaps in services and treatment processes, reducing costs, incorporating public environmental and social impact assessment into strategic planning processes, engaging in mutual learning and empowering citizens. They can help increase the personal and political will to make some sacrifices now for the benefit of future generations and help the community find potential win-win solutions to current and future trade-off problems.

> ***A healthy community is a community in which all organizations from informal groups to governments are working effectively together to improve the quality of all people's lives.***
>
> *-- Peter Boothroyd and Margaret Eberle*

Inter-community planning. It is not just our personal lack of creativity and will to deal with long-term problems which reduces the healthiness of communities. We are also faced with increasingly complex societies in which communities are impacted as much by external as internal decisions and events. Solutions to both immediate and long-term problems, therefore, must be sought in inter- as well as intra-community cooperation. Healthy communities co-operate with other communities.

Action-research. In a healthy community, organizations see their work as an ongoing action-research experiment. Action-research involves three components: planning before acting; acting in full awareness of the risks which planning can reduce but not eliminate; and monitoring/evaluating actions so as to improve future planning. Unhealthy communities suffer from lack of planning because of over-confidence or lack of confidence, lack of action because of complacency or confusion, or lack of monitoring because of over-enthusiasm or fear of failure. The consequences are costly solutions to misunderstood problems, no solutions at all, or exacerbated problems. To take an action-research approach, organizations have to balance trust with internal and external accountability and be open to ideas from outside the organization.

In a healthy community people try to understand systemic problems rather than seek scapegoats. They take reasonable risks because they have in place monitoring systems to limit damage if things go wrong, and they trust others to support them in their reasonable risks. People also conduct dialogues to analyze each others' mistakes in an atmosphere of trust.

This brings us to the question of community health and quality-of-life indicators. Indicators are not necessary for monitoring and evaluation. Free-flowing discussions among the relevant parties often suffice. Yet they can be useful. If indicators are to be useful, they must be part of the action-research approach of the community organizations. Two kinds of indicators may be developed: overall indexes of community and personal health which are useful for creating awareness; and specific indicators for monitoring progress in particular projects.

Overall indexes are most useful if they are custom-tailored by and for each community. Professionals may help in the tailoring, but only as consultants to a broadly-based community-directed process for designing the indicators and their uses. Such a process is quite different and will yield quite different products than technocratic processes which attempt to come up

with universal social indicators to match the economists' Gross National Product indicator. Overall indexes may be developed for measuring personal well-being (the number of people not getting their teeth fixed because of financial concerns), measuring environmental and social conditions which affect personal health (pollution and poverty levels), and measuring community health as defined in this paper (length of time a broken bottle lies in a residential street; numbers of times people supportively ask each other questions at inter-organizational planning meetings).

Project-specific indicators have to be custom-tailored by the project planners. Project planning involves a high degree of organizational cooperation in order for healthy communities project indicators to develop as an integral part of the planning.

5.2 Immediate Priority Setting for Coordinated Action

While priority-setting is an integral part of good comprehensive planning, priority-setting for immediate action in the context of the healthy communities movement is a means of helping organizations to improve their understanding and practice of comprehensive community planning. In this context, we see priority-setting as involving special healthy community forums at which representatives of organizations:

1. help each other identify community goals and problems;
2. analyze the opportunities and constraints for overcoming problems and reaching community goals, i.e., analyze the various systems which affect people in the community;
3. generate ideas for coordinated action to reach goals;
4. assess these ideas for their effectiveness and efficiency, i.e., their leverage value;
5. make decisions on where initially to put combined efforts; and
6. establish a method to monitor and evaluate actions undertaken.

Out of such a forum, for example, might come a decision to make a concerted effort to reduce automobile usage or to eliminate homelessness and insecurity of tenure, or to improve the apparent life chances for youth. The decision would be based on the particular needs of the community, the motivation to act, the availability of resources, and the possibilities for synergistic action.

There are many ways such forums could be organized and a variety of techniques are available for making them productive and enjoyable. This is not the place to discuss the alternatives but rather to note that persons skilled in organizing and facilitating planning groups are aware of them. This means that, while ideally all individuals involved in a healthy community project will be sensitive to group planning process, it is essential that at least one group planning process expert be involved early in every healthy community project.

6. Implications for Sponsors of Healthy Community Projects

If financial resources are to be made available to healthy community projects then a process expert should be hired. This may seem like a rather abstract funding purpose, but it is appropriate if the healthy community projects are to help communities make better use of their own organization and financial resources through better planning.

Funding a recycling centre, a bike path, or a community dental clinic as healthy community projects are all acceptable uses of public money because they all contribute to personal health. Their undertaking may even spin off other projects as a result of the experience in cooperation. But the list of demands for such projects is infinite, funding for continuing them after healthy communities funding ceases is highly limited, and such projects do not necessarily contribute to community health as we have defined it.

Direct funding of a recycling centre as a healthy community project, for example, would likely have fewer spinoffs (in getting community organizations thinking and working together on ways to use their own collective resources more effectively and efficiently in the immediate and long terms) than funding a person or agency to facilitate directly such thinking

and work. One of the immediate payoffs of funding a person to facilitate a process might still involve a recycling centre. The difference, one hopes, would be in the quality of the process that produced the centre. The better the process, the better the quality and efficiency of the centre, the longer the sustainability of the cooperation among the organizers, and the stronger the community's ability to make good choices in setting priorities for use of scarce community resources.

If healthy community projects are to mean anything other than 'good thing' projects and if healthy community funding is to do anything other than funding a collection of inherently worthwhile but short-lived discrete projects, then sponsors and promoters of healthy community projects should focus on supporting inter-organizational cooperative planning processes. Such support could be directed to and through social planning councils which, since their founding five decades ago, have been dedicated to developing healthy communities as we have defined it here. Where social planning councils or their equivalents do not exist, support could be provided a non-profit agency to take on process experts as staff or consultants.

There is a danger that a focus on process can lead to all talk and no action. But such an outcome would reflect bad process. Good process should lead to cooperative action on high priority, possibly innovative projects, which give immediate concrete payoffs, which illustrate the benefits of cooperative action to improve conditions which affect personal health, and which increase the community's confidence that it can begin to control its own destiny and create a better community. This is a tall order for a cooperative community planning process to fulfil, but anything less seems hardly worth the effort of talking about healthy communities and of sponsoring projects to produce them.

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